

Gift Card Request Form

Department/Elected Office

Division/Division ID #

Manager Requesting Gift Card(s)

Director of Agency/Department

Employee Name(s)	Employee EIN(s)	Gift Card Amount	Vendor Name

Supervisor Signature	
Fiscal Manager Signature	
Director Signature	

Please submit this completed form to

giftcards@saltlakecounty.gov

**Olive Garden gift cards cannot be requested at the value of \$10*

Verified employee is in pay status:

☐

**Gift cards must be given to employee during pay period*

Salt Lake County Human Resources

Person Receiving Gift Cards:

Print Name:

Signature:

Date Received: